



CHIROPRACTIC HEALTH HISTORY FORM
BABY 0 - 6 months

Welcome to (Clinic Name)

Baby's First Name _____ Surname _____

Address _____

Suburb _____ Post Code _____

Do you have Health Insurance? _____ Your General Practitioner _____

Baby's Date of Birth ____ / ____ / ____

How were you referred to (Clinic Name)?

Parent/Guardians full name _____

Phone (hm) _____ (mob) _____

What is your baby's main area of concern?

Has your child had any previous treatment for this problem?

Has your baby ever been hospitalised, if so what for?

Were there any pre-natal complications? (eg; toxemia, diabetes, high blood pressure) _____

How long was labour? _____

AGPARS (score when baby was born) _____

How was your baby delivered? ; vaginal / c-section / forceps / von touss (please circle)

What was your baby's birth weight ? _____

Is your baby gaining weight and height? ; normally / under / accelerated (please circle)

Who is monitoring the baby's development and medical health?

Does the baby have any known congenital deformaties, if so please describe?

Does your baby suffer from any neck stiffness or fever?

Have you noticed and changes in your child's alertness (eg drowsiness, lack of consciousness)? Y / N

Have you noticed and muscle weakness (floppiness) with your baby?

Does your baby sleep well?

Has your baby had any reactions to vaccinations?

List any medications your baby is currently taking

Has your baby had any accidents or trauma?

Are there any diseases that run in the family?

List any surgeries your baby has had _____

Signature of Parent/Guardian _____

Print Name of Parent/Guardian _____

Date _____

INFORMED CONSENT FOR CHIROPRACTIC CARE

Scope of care: Chiropractic care is focused on finding and correcting spinal problems that alter the normal spinal shape and movement. Spinal problems may affect the healthy function of the nerves and spinal cord and be detrimental to health. Chiropractors correct spinal problems using forces applied generally by hand or special drop piece tables. These forces made are called adjustments. Chiropractors may use various exercise, traction devices, shoe lifts or other to help the spinal corrections.

Medication: Many patients experience great health improvements beyond spinal improvement and it is common for patients to report changes in medical health conditions. However, changes in medications or management of medical conditions needs to be done by your GP or specialist. Chiropractors cannot advise you as to your medical needs.

Alternatives To Chiropractic Care: If a patient does not wish to correct the spinal alignment and function then the alternatives are pain relief care with other health professionals or care designed to stabilise the spine such as core exercise.

Risks of Not Undergoing Care: Spinal problems may get worse if uncorrected or not managed and may lead to progressive damage of the spinal discs, the spinal nerves, the spinal cord and even general health.

RISKS TO PATIENTS: All types of care have associated risks and it is important that a patient accepts these before undergoing care. Adjustments require forces to move spinal bones and as such put stresses on blood vessels, bones, discs, nerves and soft tissues.

The below are some of the more serious and more common risks but it is not an exhaustive list.

a) **RARE BUT SERIOUS RISKS:** damage to the blood vessels, bones, discs or spinal cord may lead to death, stroke, paralysis or permanent injury.

b) **More Common** but less serious: Sprains, strains, rib fractures, bruising, inflammation and soreness.

The Chiropractor has gone through the risks of care and examination; I have been informed of the alternatives to care to my satisfaction. I have had the opportunity to ask any further questions or information from the Chiropractor or to ask for more time before signing the consent to care and examination.

BABY'S NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

Date: _____